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ABSTRACT

Compiled for beginning teachers who have not had much experience working with special learners, this handbook provides brief descriptions of the different categories of special learners in vocational education. Information is arranged in abstract form and presents a summary of the characteristics of these learners, how to recognize them in the classroom, appropriate curriculum considerations, proper placement, teaching strategies that are effective with these learners, and special physical facilities that may be needed. Two types of learners are profiled: special learners (disadvantaged, English as a Second Language, gifted and talented, incarcerated, and migrant), and handicapped learners (chronically ill, communication handicapped, emotionally disturbed, hearing impaired, learning disabled, mentally retarded, multiply handicapped, orthopedically handicapped, socially maladjusted, and visually impaired). The handbook also includes information on forming a child study team, as mandated by Public Law 94-142, and Individualized Education Plans. The final section of the guide describes five special programs of vocational education for special learners in New Jersey. (KC)

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CHARACTERISTICS OF SPECIAL NEEDS LEARNERS

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TSC
TRENTON STATE COLLEGE

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Fall, 1983

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This Handbook provides brief descriptions of the different categories of special learners in vocational education. Information is arranged in abstract form and presents a summarization of the characteristics of these learners, how to recognize them in the classroom, appropriate curriculum considerations, proper placement, teaching strategies that are effective with these learners and special physical facilities that may be needed.

The information is compiled for beginning teachers who have not had much experience with special learners.

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INTRODUCTION TO SPECIAL LEARNERS

Special learners are defined as those individuals who require special assistance, services, or a combination of both, in order to enroll in and complete a regular vocational education program. These individuals comprise the handicapped, the culturally disadvantaged or culturally different, minority and racial groups. persons who exhibit limited English-speaking abilities, the incarcerated, migrants and the gifted and talented.

Individuals in these groups require special support services, different teaching strategies and techniques, and sometimes modification of vocational program facilities.

Despite the fact that these learners are referred to as special learners, they have the same basic needs as the rest of the total population. They need to be independent, self sufficient, working individuals, and respected by their co-workers and peers. The only way that this can by accomplished is to teach them the "tools of the trade" through proper vocational and occupational experiences. That right has been guaranteed them through the vocational educational acts, and educators must make every effort to see that these rights become a reality. Gains made by these learners are in effect gains made by society. It is our obligation to remove attitudinal, educational and physical obstacles that deter these individuals from learning to insure their success.

DISADVANTAGED LEARNERS

The economically disadvantaged and/or culturally different learners appear among all racial and ethnic groups. They often face discrimination in employment and housing, have inadequate education and job skills and come from rural backgrounds. They consist mainly of blacks from the rural south, whites from Southern Appalacia, and Puerto Ricans who have migrated to the northern industrial cities. Also included are Mexican Americans, American Indians and Asians. One out of every three children, in the city schools, falls into this category.

Characteristics

Most of these learners are at or below poverty level. They have inadequate health care and nutrition (pre and post natal). Many experience physical, sensory or neurological defects which are often the result of complications during pregnancy or birth. They are often inattentive, apathetic and have lower energy levels. They exhibit poor socialization skills and often have poor self concepts. The inability to delay immediate gratification is common as well. Their values are collective ("We"), they are susceptable to illnesses and are unmotivated. Econimically deprived men exhibit exaggerated self esteem, caution and alcofness, while the women experience low self esteem and high self degradation. Many are impulsive and have a keen sense for "street-wise" skills.

With respect to minority groups, the Mexicans are less competitive, less rivalous and less assertive, resulting from parental reinforcement that man has "no control over life". Hawaiians respect their elders, are cooperative and interdependent. The individuals of Indian decent are similar. They are submissive, and there is lack of encouragement for success at home.

Causes

Poverty, different values, life styles and cultures are the main reasons these individuals differ from the "norm".

Identification

In past years, many of these children have been placed in special education classes with the behaviorally disordered, mentally retarded, learning disabled, communication handicapped and the chronically ill. However, many of these children do not learn in groups and therefore special education classes may be advantageous in these cases.

Curriculum

There are four basic approaches in dealing with these individuals. They are as follows: (1) psychoanalytic (high permissiveness, little academics and therapy for child and parents); (2) humanistic (getting in touch with feelings); (3) ecological (an attempt is made to alter the relationships with the family and the school scene); and (4) behavioral (where the focus is on observation, measurement and the manipulation of consequences). Despite which approach is employed, the teacher must be empathetic and persistent. Daily skills, beginning academics and perceptual training must be taught. The gains, when made, will be small but observable. Crisis intervention, part-time instruction, academic tutoring and therapy by the guidance counselors would be invaluable.

For more information, please see the section on Emotionally Disturbed for both categories exhibit similar behavioral disorders.

These classifications and labels have inhibited the growth and development of these persons. They have come to act in the manner of those with whom they have associated (Pygmalian affect).

Intelligence tests have been used but they are "culture biased". Also, how can a child succeed when his stomach is empty! There is now a law that states the following: the IQ tests must be given in the primary language; tests with verbal emphasis must be eliminated.

Placement

Placement in a special education class for these individuals can cause irrevokable damage. Regular classroom placement with empathic teachers and helping personnel is essential.

Strategies

These individuals need slow moving lessons that are comprehensive in nature. Books and words should reflect their environment. Manipulatives, such as a "learning wall", would be utilized. Impulsivity must be eliminated. Modeling, role playing and counseling would be advantageous. Motivation is the key, and whatever works, should be used. Comics, tapes, and TV guides can encourage reading. Handling money makes math vivid, relevant, rewarding and concrete. Fewer items on a page and fewer pages in a book would assist in the completion of a task and would also give the much needed, confidence and build good self concepts. Behavior modification, with its tangible rewards and immediate feedback could also be used with these children.

Pertinent Information

Language is the core of academic aptitude. Most of these children exhibit language deficiencies. However, the one question that must be asked is, "Is the culturally different/or economically disadvantaged child using a language that is defective or insufficient for normal cognitive, academic and social growth or is it just a different language, no worse or no better, then the prevalent one?

ENGLISH AS A SECOND LANGUAGE (ESL) LEARNERS

Those individuals, whose primary language is other than English require English as a second language instruction. Examples of these learners are Puerto Rican, Mexican, Chinese, Canadian French and other European and Latin natives.

Characteristics

The IQ's of these individuals range the full scale on the normal bell-shaped curve. ESL learners are usually unable to understand standard speech patterns and have difficulty answering questions using complete sentences. Some subjects such as mathematics represent a universal language and those who attend ESL classes experience little or no mathematical difficulties. The language difference often becomes a barrier to the full application of the child's abilities.

Causes

These people have either immigrated to the United States or live in households where English is not the predominant language.

Identification

The Language Assessment Battery (NY State) is the recognized test for determining ESL eligibility. If the designated percentage is not achieved, ESL is required.

Placement and Curriculum

The Limited English Speaking usually attend classes with their peers. However, their language deficiencies necessitate ESL placement with a qualified ESL instructor for at least several periods a week. The maximum size of the class should be ten students. The primary goals of the ESL program, in order of importance and learning are: (1) understanding; (2) speaking; (3) reading;

and (4) writing. In order to meet these goals, they need to be introduced to the values of the dominant culture.

Vocabulary enrichment is not introduced until the individuals have attained competency in comprehension and understanding. Grammar and syntax are taught in conjunction with speaking, reading and writing. Vocabulary is developed lastly and usually with respect to specific course curriculum.

The ESL class instruction can be on a group or individual basis and either aurally or orally, as well. Choral reading plays a prominent role. The Language Master, Crane Categorical Sound System (readability 0-3 grades) Lado (system with contrived conversations) and the New Jersey Bell system are a smattering of the materials that are now available to assist the ESL population. What can be accomplished in any program, however, depends on the age and the maturity of the individuals involved.

There is no reason why these individuals cannot participate in the regular vocational education programs. The exchange of information, knowledge and social integration would further assist in learning the values of the dominant culture.

GIFTED AND TALENTED (G & T) LEARNERS

Although it is quite difficult to define what gifted and talented means, most educators concur that these individuals are at least one standard deviation higher than the norm in at least three of the following areas: ability, creativity, task commitment, and motivation with follow-through to completion; and are usually two standard deviations above the norm in at least one of these areas. The G & T usually have IQ's that begin at the 115 mark and they comprise approximately 2 to 5% of school age children.

Characteristics

It is felt that a rather large contribution to this area is made by genetic factors (i.e. at least one parent has high IQ). However, authorities in this area cannot be precise with respect to this statement. More often than not, they are males. The rationale for this is that in the past, females have not been provided with adequate motivation. They are exceptionally healthy, socially well-adjusted, are attractive and exhibit a high level of moral responsibility. Most G & T students like school and come from middle income families. This is in all probability because creativity is not encouraged in the lower income families and because such talented people are often times overlooked because they are given fewer opportunities. The head circumference of G & T individuals is much larger than those in the normal range. Culture, also plays an important level. It has been found that a high percentage of individuals who are at least one standard deviation above the norm, come from Jewish backgrounds.

Causes

Social and economic backgrounds, IQ levels of parents and their education backgrounds are viewed as the key determinants.

Identification

Teacher observation, individual and group intelligence tests (Stanford Binet and WISC) Achievement batteries and creativity tests are used to determine eligibility to this "elite" group, where a label is not a stigma.

Placement and Curriculum

There are three different types of programs for these individuals: administrative programs which involve alteration of environment; instructional programs that are geared toward changing the curriculum content; and adjunctive programs that are extended programs which usually take place after the regular school day.

Placement in special classes, at present, has not been demonstrated to be effective. Instead, many educators are stressing that programs for G & T need to be based on developing the "total child" and that his/her capabilities need to be shown a high degree of respect. A well-rounded program should consist of general exploration, group activities, individual and small group settings and investigation of real problems. Teachers of the G & T must assist the children in providing them with the proper tools and methods to attack new problems and in communicating their findings. These students must be challenged to the utmost.

INCARCERATED LEARNERS

Juvenile delinquents (those in juvenile institutions or specially designed schools) and those individuals imprisoned belong to the category known as incarcerated. Members of this group are generally below the mean in reading and have mathematical handicaps that interfere with their productivity, independence and the development of self respect.

Characteristics

The incarcerated have difficulties with interpersonal relationships. They are starving for attention and feel ashamed that they are not self-supporting. Many have at least one parent who exhibits some sort of emotional immaturity. Some have received too much materially, while others have lived with poverty.

Causes

Because the individuals come from various backgrounds, it is very difficult to pin-point the causes.

Identification

According to the Wiche publication (August, 1974) the reasons most often cited for learning difficulties were: behavioral and social problems (71%); culturally disadvantaged (48%); and emotional handicaps (41%). In most instances, there tended to be problems in more than one of the above areas.

Curriculum

These individuals need to learn self respect. Because the majority are school drop-outs, courses in reading and basic mathematics must be included. The incarcerated need to develop an appreciation for their own self worth and this can be accomplished through the work release programs (intermediate stage). Courses in occupational training would also assist

these individuals for study after study points out the fact that those incarcerated with poor educational backgrounds are not able to become self sufficient citizens in society and as a result maintain a high degree of recidivism.

MIGRANT LEARNERS

Migrant workers are hard-working and underpaid individuals who are often referred to as our most neglected citizens. The average yearly salary for a migrant worker is considerably lower than the average. These vulnerable individuals live in poverty, have minimal if any, medical care and are not protected by the Child Labor Laws.

Characteristics

Migrant learners are thought to be lazy, careless, shiflless, irresponsible, ignorant and animal-like. However, they are merely deprived, frustrated, powerless and possessionless. As a result, they exhibit many physical, psychological and emotional problems. They often have difficulties with language because their parents are not verbal people. The children go to school if they want to, when they can (when they are not picking crops or watching younger siblings), and when they are physically well enough. As a result, most do not have an education beyond the third grade level.

Causes

Poverty, lack of education and the reliance on machinery are said to be the basic causes. However, it is difficult to state which is the cause and which the effect, as they are interwoven.

Curriculum

Because these children do not attend school with any regularity, it is felt that the educational system must become more relevant to them. Schools need to deal with the migrants' basic needs and life styles. Practical knowledge is necessary. Appreciation of own self worth must be taught. Possible mobile teaching units with dedicated teachers would be one manner in which to give these individuals a chance to help improve their unique situation.

HANDICAPPED LEARNERS

Handicapped learners fall under specific legal procedures for classification and instruction. Public law 94-142 - The Education For All Handicapped Children Act (1975) established special categories for children who may be labeled as handicapped learners. The law identifies certain procedures to be followed in the classification process, function of the child study team, nature of the individualized education plan (IED), placement decisions, and related services to be rendered.

Although handicapped learners are part of the collective category of special learners, they are described separately by classification in accordance with federal and state laws.

Following are abstracts of the ten classifications of handicapped learners presently used in New Jersey.

Classification CHRONICALLY ILL (CI)

Prevalence

Approximately .5% of the school population are in this category.

Description

The Chronically Ill are defined as those with health or physical impairments that make instruction through the regular school program, impractical. There are at least 200 different handicapping conditions in this group, which range from tuberculosis, cardiac problems, leukemia, asthma, seizure disorders to amputations (loss of body part due to injury, disease or infection) or phocomelia (limb is not present at birth). This group is heterogenous in composition. Members of this group may be multiply handicapped as well.

Characteristics

IQ ability levels of this group range from retarded to gifted. Their performance and ability levels vary accordingly. For example, 50% of the cerebral palsey are mentally retarded. Many of them as a result of their disability, have emotional difficulties and psycho-social deficiencies which are often due to mobility problems. Many also fatigue easily and therefore require more rest and less stressful situations. This, however, does not mean that these individuals should not engage in exercise or physical education. (As was thought to be the case in past years). It simply means that most of these individuals recognize their weaknesses and know what to do, and how much they are capable of performing.

Causes

Because there are so many handicapping conditions, there are an abundance of causes, too numerous to describe. However, the most significant examples are discussed.

Allergic reactions (sensitivity or intolerance to specific substances) which produce watery eyes, runny noses, sneezing, rashes and a variety of by-products, often times cause the child to be frequently absent, appear sleepy (when on medication) or to be irritable. People with asthma (allergic state that involves obstruction of bronchial tubes, lungs, or both) experience much emotional stress. (Some researchers even feel that this stress itself, causes the attacks). Epileptics (persons with disorder of nervous system) are often mistakenly classified behavioral problems. Individuals with arthritis (inflammation of joints) may have a limited range of mobility which could be caused by rhematic fever. Diabetics (inability to break down sugar, in any form) require insullin. Cerebral palsied individuals (disturbance of motor function in the brain that affects gross and fine motor and speech) are often labeled mentally retarded despite the fact that only 50% actually are. Heart disorders can be caused by strept infection. Amputees (limbs missing) attribute their disability to infection, tramatic injury, disease and accidents, while there is no known cause for phocomelia (limbs missing at birth) except that internalizing certain medication during prenatal existence has been shown to be related.

Diagnosis

Tests for these conditions vary as much as the individuals. However, physicals, "sugar tests", motor tests and EKG's are among some of these used.

Curriculum and Strategies

The curriculum will depend upon the sensory and perceptual skills the level of functioning, environmental factors, the age of the individual and the severity of the disability. In most cases, it has been found that regular classroom placement with supplemental assistance is sufficient.

Curriculum for these individuals should include all that is taught to the others in the class. However, a major goal for most of these people is to make them independently mobile. Exercise is essential for these individuals, however, the type depends on the individuals themselves. For example, physical education before lunch, for a diabetic would be unthinkable. Common sense must be used, but one must not be over-protective, for these individuals need to achieve independence. These individuals learn best when instruction is concrete and at their level, and when there is constant reinforcement and repetition. Task analyses would be a good strategy to employ as would peer tutoring. The child's endurance level must be taken into account. For example an arthritic sufferer will not be able to sit for prolonged periods of time, nor can a diabetic be denied a mid-morning snack when he/she did not complete their breakfast. In short, the teachers of CI individuals must be flexible and accepting. They must assume the role of the observer (when a child is on medication, having a reaction, etc.), the friend (when the child wants to talk) and one of the key links between the physician, therapist, resource personnel, school nurse, administrator and parents.

Writing may be a very difficult area for many of these students. They can use and should be encouraged to use one or all of the following: typewriter (there is even one for persons with the use of one upper limb); tape recorder (for recording lessons, answering work, taking tests), oral answers; pencil holders; page turners; language board (difficulty with oral communication as in CP) and hinged wheelchairs (to enable writing).

In the past, CI's were thought to be seriously disabilitated. However, with the developments of prosthetics, drugs and operative methods and with curriculum and environmental adaptations and modifications, these individuals are now considering themselves as persons with abilities who just happen to have a disability.

Physical Facilities

These learners may require use of prosthetics which creates need for adjustment of seating and travel areas in the laboratories. Lowered chalkboards and drinking fountains, widened entrances, provision for ramps and the removal of environmental and classroom "stumbling blocks" as barriers.

Classification COMMUNICATION HANDICAPPED (CH)

Prevalence

Ten percent of the school age children exhibit some form of communication handicap, however, only about 5% are severe enough to require classification or speech therapy.

Description

Communication handicapped is defined as a communication disorder in native speech or language that is so severe that it interferes with the ability to use oral language. The educational performance and interpersonal relationships are greatly affected by this condition. These conditions are due to causes other than learning impairment.

Characteristics

Physically, the members of this group appear to be normal although about 16% have physical disabilities as well according to Eisenson. Some CH are multiply handicapped (involving CP, brain tumors, hearing impairments and cleft palates). Most of these individuals have IQ's within the normal range and have adequate motor skills. The majority exhibit disorders of articulation which are usually outgrown at some later date. Some experience delayed speech, difficulties with syntactical structure, or disorders of voice production (phonation). There are pitch disorders (level of loudness or softness), flexibility deficiencies (monoexpressionalism), duration problems, and stuttering.

Causes

The causes can be of organic nature such as a cleft palate, mal-development of parts of the mouth or jaw, dental irregularities, muscular paralysis, tumors, ulcers, and brain damage of a functional nature (i.e. failure to learn adequately), speech fixations, regressive speech patterns, and personality or emotional disturbances.

Diagnosis

These individuals may be identified by utilizing the following medical fields: general medicine, plastic surgery, otology, oral surgery, dentistry, psychiatry, and psychology. There are a variety of tests that may be used as well. They include the Peabody Picture Vocabulary test, the Articulation Test, Lanquate Tests of Receptive Language, Test of Basic Concepts, and TACL (auditory tests of language retention).

Placement

Many of these learners can benefit from regular classroom placement with reinforcement on the part of the classroom teacher and speech therapist. A resource room could also be utilized. Some children, however, will require classification and placement in a CH class (limit of 8 without an aide plus a speech therapist). Placement depends upon the child, the severity of the disability and chronological age.

Curriculum and Strategies

Curriculum should include all the subjects normally taught to their peers. Speech therapy, twice a week, on an individual and group basis, would be beneficial. The teacher's main job is to be aware of any problems and to refer them to appropriate personnel. It must be remembered that the teacher is part of a team and therefore open lines of communication are essential.

When working with these individuals, there must be constant eye contact as this gives the student confidence. A peer tutoring system would raise the level of self acceptance and in turn, self concept. A list of unit words should be shared with the speech therapist. Constant reinforcement and sufficient time allowances are vital. Use of tape recorders and typewriters are helpful. These students must never be forced to give oral presentations. This is not to say that oral presentations should be eliminated, but rather, they should be encouraged when the student is ready. There is no reason for CH individuals to fail to learn

skills that are appropriate for jobs. Adjustments on the part of the employer and the students themselves are essential.

Physical Facilities

No special physical facilities are required for these learners.

Classification EMOTIONALLY DISTURBED (ED)

Prevalence

Approximately .5% to 1.5% of the school population are in this category.

Description

Emotionally disturbed learners are defined as those individuals who exhibit at least one of the following: (1) inability to learn despite the lack of intellectual, sensory, neurophysical or general health problems; (2) inability to maintain interpersonal relationships; (3) inappropriate expression of feelings; (4) frequent mood changes; and (5) physical symptoms such as schizophrenia or autism.

There are three different levels of emotionally disturbed learners - mild, moderate and severe. The mild can be mainstreamed into regular classrooms with resource room assistance. The moderate require extensive help, and the severe require self-contained special education classes or assignment to institutions.

Characteristics

Individuals who belong to this group experience frequent mood changes and often resist authority. They are disorganized, easily distracted, unpredictable, inattentive and experience high levels of frustration. The IQ's vary as do the individuals.

Causes

These characteristics may be caused by emotional or physical deprivation, by parental insensitivity, by poor models, by school failures, by cultural clashes, by poor coping skills and by value differences. Problems in the central nervous system as well as chemical imbalances, contribute also.

Diagnosis

There are no definitive tests for this group. IQ scores, teacher observations and anecdoctal records, academic achievement and behavior checklists (see Bower-Lambert, Walker and Devereux) are utilized to determine the nature and extent of the condition.

Placement

Placement depends upon the individual and the degree of emotional disturbance. An individual can either be placed in an ED special education class (usually limited to 8 without an aide), in a regular classroom (with some form of therapy treatment) or institutionalized.

Curriculum and Strategies

These children need to learn what responsibility means. They require a "safe atmosphere", with a time-out zone and a transitional zone. Structure, meaningful experiences, and concreteness are vital to the curriculum. Teachers need to be consistent and establish appropriate boundaries to make learners aware of certain limitations. The learners need to know what is expected of them in certain specific time modules. They also need to know that expression of feelings is "OK" but that these feelings need to be labeled. Strategies involving constant praise and reinforcement such as individual contracts, programmed materials, individualized instruction and other forms of behavior modification are keys to helping these individuals modify and adapt to their environment, to their vocational training, and more importantly, to themselves.

Physical Facilities

No special physical facilities are necessary.

Classification HEARING IMPAIRED (HI)

Prevalence

About 4.5% of the population fall into this classification, however, only .06% are affected to such a degree as to warrant specific educational assistance.

Description

The hearing impaired or auditorally impaired, are individuals who do not have the ability to develop adequate speech, language and communication skills through the regular hearing process (as measured in dB for loudness and Hz for pitch or frequency). Those in this classification experience difficulty in hearing "intensity" or in hearing "clarity."

There are two basic levels of auditorally impaired: a) the deaf, defined as a severe loss of hearing that impaires acquisition of linguistic information, with or without amplification; and b) the hard of hearing, defined as a loss of hearing, to a much less degree, that may be either permanent or fluctuating and that can be assisted by the utilization of a hearing aid.

Characteristics

Physically, emotionally and intellectually, the HI adhere, in general, to the norm. However, because the hearing impaired cannot be readily identified, they are often seen as lazy, inattentive and socially maladjusted. Like the mentally retarded, they exhibit negative self concepts, produce low IQ test scores (although these are low as a result of ineffective hearing on speech and language development), are easily frustrated and develop poor abstract reasoning abilities.

Besides these behavioral indicators, there are also medical ones, such as frequent colds, earaches and discharge from the ears.

There are five subgroups and they reflect the levels of loss. Slight hearing impaired individuals (17 to 40 dB) have a problem with faint sounds, whereas the mild HI (41-55 dB) are only able to hear conversation in the 3-5 foot range. The marked loss group (56-70 dB) need loud noises in order to hear. Members of this group usually have difficulties in school. These subgroups are defined as the hard of hearing.

The deaf level consists of the severe HI (71-90 dB) who cannot hear sounds further than one foot away and who cannot discern all the consonant sounds. The profound HI (91 or more dB), can only discern vibration and rely heavily on their vision.

Causes

Hearing losses of any nature can be caused by infection, disease and traumatic injuries. There are, however, two basic types of loss: Conductive, which is caused by the interference with transmission of sound from the outer ear to the inner ear (loudness); and sensorineural which is damage to the ends of the sensory organs (nerval dysfunction) often caused by very loud noises in the person's environment.

Placement

Many hearing impaired can benefit from regular classroom placement for all or most of the school day, for these individuals must learn to function independently in a hearing world. However, this does depend on the pace of the class and the child. Sometimes this type of placement may require counselling, speech therapy and/or an interpretor. However, these individuals can learn to adapt and can most definitely learn how to read.

Curriculum and Strategies

Curriculum for HI should encompass all basic subject areas. However, speech, language and communication skills must be stressed. This can be achieved by scheduling speech with a professional speech therapist or by employing an interpretor to assist on a daily basis. Mastering of communication skills can be reached by the utilization of any of the following methods: manual language or finger spelling- (where each letter of a word is represented by a sign); sign language- of which there are two types: the American, whereupon concepts are formed by hand signals rather than entire words; and the SIGLIGH (the inclusion of all words); and lip reading or speech reading- which is often difficult because certain letters have similar mouth formations. Some HI's learn by using a combination of all three methods.

The teacher has an obligation to take these individuals as far as their potentials will allow. Learning basic signing, seating the student close to the speaker (preferential seating) and in a well lighted area and always facing the student (for lip reading) are some simple classroom adaptations. A written general outline, inclusive of new concepts and vocabulary, distributed prior to the class would be invaluable.

These students would profit from using the "tutor concept" (tutor takes notes for the HI which enables the individual to concentrate on lip reading) and from demonstrations, with charts and hands-on activities. Like EMR's, material is internalized when it is simplified, constantly reinforced and repetitive in nature.

Physical Facilities

Recent improvements in hearing aids and development of captioned films, teletypewriters and computers, have contributed to the increase in the number of students who can successfully participate in regular programs. The HI must be given every opportunity to participate and succeed in the "hearing world."

When HI operate machinery and equipment, visual signals, such as red lights should be installed to indicate that these are on. Also flashing lights, attached to warning bells would ensure proper safety. Color coding is important for quick identification.

Classification LEARNING DISABLED (LD)

Prevalence

About 3% of the population are in this category

Description

Learning disabilities are defined as disorders in one or more than one of the basic psychological processes involved in written and spoken language. LD is not the result of visual or auditory handicaps, nor by-products of environmental, cultural or socio-economical deprivation.

There are two levels of LD's. (1) Neurologically Impaired (NI), defined as specific impairment, disorder or dysfunction of the central or periferal nervous system, which adversely affects learning; and (2) Perceptually Impaired (PI), which is a specific learning disability, of one or more of the psychological processes involved in understanding and learning, i.e. listening; thinking; speaking; reading; writing and spelling skills.

Characteristics

LD's usually have average to above average IQ's; however, their ability level is much higher than their performance level. They are usually weak in reading and math (below grade level) but usually exhibit aptitude in one specific area (an area of expertise).

LD's experience (1) behavioral or emotional problems such as frustration, inappropriate reaction to frustration, poor concentration, hyperactivity, poor attention span, emotional and maturational immaturity and instability, over-dependence and the inability to shift from one thing to the next (perseveration); (2) perceptual problems such as: difficulties with discrimination, identification and interpretation, reversal tendencies, the inability to follow written directions (auditory learner) or verbal directions (visual learner); (3) motor deficiencies such as: lack of coordination, poor gross and/or fine motor control, left and

right confusions; and (4) language difficulties such as limited verbal speech patterns, poor grammar, poor sentence structure and difficulties with putting concepts or thoughts into words.

Causes

Learning disabilities can be caused by emotional/behavioral disturbances or by weaknesses or injuries to the brain area. Aphasia, agnosia, acalcula, dyslexia and minimal brain dysfunction are some of the end results.

Diagosis

The following tests, along with teacher observation, are vital for the identification, and in turn "education" of the Learning Disabled: Psychological Perception Motor Survey (Kephart), Developmental Test of Visual Perception (Frostig), Illinois Test of Psycholinguistic (Osgood), Neuropsychiatric Test, EEG, and Bender Gestault Motor Test.

Placement

These children can be placed in special education classes (PI-limit of 12 without an aide, and NI-limit of 8 without an aide). However, the prognosis for these children, when placed in a regular classroom and given two years of proper attention (mainstreaming, resource room, or resource lab) is that they should recover and approach normalcy (assuming that the IQ's are in the normal range).

Curriculum and Strategies

The curriculum should include all the skills expected of the regular child, but the development of appropriate behavior, the improvement of gross and fine motor skills and the raising of self concept, must be stressed. Positive feelings about others must be strengthened and distracting forces should be removed from the classroom.

The most important thing, however, is to learn the best style of training for the individual students. Some are visual learners, while others are better with auditory methods, hands-on methods or multisensory (Fernault's VAKE, visual-auditory-kinesthetic-tactile approaches).

For example, a visual learner would profit from using methods which emphasize: demonstration, hands-on, and concrete activities. Auditory learners would benefit by using tape recordings and having outlines of lessons prior to the discussions.

Typewriters would be valuable for all types of learners. Written assignments must be relevant and over-learning should occur. These students would benefit from a task analysis because they can move at their own rate (frustration level is lowered) and there is immediate feedback. Teacher contracts and programmed materials are invaluable.

With accomodation (changing the learning environment or the academic requirements so that students may learn in spite of deficiencies), with adaptation and remediation, these students can attain their ability levels and more importantly these techniques can be further applied to the teaching of other students, not just those labeled Learning Disabled.

Physical Facilities

No special facilities are necessary.

Classification MENTALLY RETARDED (MR)

Prevalence

About 2-3% of the total population are mentally retarded.

Description

This label is applied to individuals with sub-average general intelligence, maturational lag, adaptive behavior deficiencies and intelligence quotients that are at least one standard deviation below the mean. All of these characteristics combined affect the educational performance and as a result, individuals in this group are at least 2 to 3 years behind their grade level in school.

At one time, the intelligence quotient was the prime determinant. However, this caused many people (bilinguals, LD's, etc.) to be placed in this category falsely. Now, all of the previously stated characteristics must be evident.

There are at least 3 different levels of mental retardation. Approximately 75% of all mentally retarded persons belong to the Educable Mentally Retarded group (EMR or mildly retarded). The remaining 25% are either Trainable Mentally Retarded (TMR) with IQ's ranging from 54-36, or Custodial (IQ's below 36).

Characteristics of EMR

Physically, EMR's can not be differentiated from the norm. However, short attention span, reduced potential learning, consistant retardation in all areas and poor sensory-motor coordination typify these individuals. Persons belonging to this level also experience difficulty with verbal expression, generalization, conceptualization and social integration (peer play). They usually have poor self images and demonstrate emotional immaturity and low frustration levels.

Characteristics of TMR

The characteristics of this group include all of those that apply to the EMR, but displayed to a much greater degree. These individuals usually have physical attributes which identify them, such as mongoloid-eyes, nose and digital).

Characteristics of Custodial MR

The custodial mentally retarded have very low IQ scores as indicated above and usually have all of the general characteristics listed for EMR and TMR except to a more serious degree.

Causes of EMR

There is an on-going debate as to whether the causes are hereditary or environmental in nature and the controversy is unsolved at present. A few of the basic causes, however, are (1) prenatal environment: trauma, nutrition, infection, blood type, radioactivity (spina bifida) toxic agents, premature asphyxia (placenta separated too soon) and birth difficulties; (2) heredity: parental IQ, recessive or dominant gene, and chromosonal abberrations; or (3) postnatal: traumatic brain injury, infections (encephalitis), diet, general health, environmental affects (cultural and/or home; and extreme environmental deprivation (affectional and sensory).

Causes of TMR and Custodial MR

Biochemical anomalies (galactoemia, PKU), endocrine disturbances (cretinism), cranial anomalies (genetic origin) and exogenous derivatives (hydrocephaly, CP, epilepsy, brain infections, encephalitis) are common causes of TMR and custodial MR conditions in addition to the previous list above.

Placement of EMR

Most EMR children can obtain a sixth grade academic level. Therefore, they can be placed in special education classes (limit of 15 without an aide and 20 with aide) within their school, within the district, or within the region. Mainstreaming should be encouraged, especially in the non-academic areas (music, gym, art). The resource room would be an excellent setting, as well. Pre-vocational and vocational training are essential, for these individuals can be trained for competitive employment and to lead independent lives. Their post-school education should include job-training workshops and vocational on-the-job training, inclusive of the social and physical aspects.

Placement of TMR and Custodial MR

Since the TMR and Custodial MR children will be dependent or semi-dependent throughout their lives, they need to reach their potentials with respect to self help, social and expressive language skills (Itard and Sequin). There are specially designed TMR classrooms, with specific curriculum guides, and these can be found in public and private school sectors. Sheltered workshops, that give these individuals training in assembly line operations (usually associated the NJARC) are beneficial. In the past, placement was always residential or institutional and the child was hidden from the world. However, with advances in medicine and more importantly, with the re-education of the public, this is the exception and not the rule.

Diagnosis

The basic tests used for these learners are the Binet, the WISC and the Wechler.

Curriculum and Strategies

Curriculum for EMR's and TMR's should include survival skills, self help skills, language development and vocational training. These individuals benefit when learning takes place in small, concrete steps (successive approximation or chaining) and is demonstrative, in nature. The reading level of the individual must be taken into account, as well as task analysis and individualized measurable objectives and goals. Learning must be structured and there must be repetition of the skills with positive reinforcement (behavior modification). Some individuals learn better from multisensory experience, so making use of VAKT (Fernault) (visual-auditory-kinesthetic-tactile) would be beneficial. The child's strengths should be stressed while at the same time, there should be training in the deficient areas.

When one works with this type of person, the teacher has a responsibility to teach to the level of retardation or to the types of deficiencies and to most definitely take into consideration the individual's tolerance, his readiness and the best method(s) of internalization.

Physical Facilities

No special physical facilities are required.

Classification MULTIPLY HANDICAPPED (MH)

Prevalence

Approximately .6% of the school population are in this category.

Description

Multiply handicapped is defined as two or more disabilities whose interactions are so complex as to warrant placement in a special type of education facility. The combination of blindness and deafness is not generally considered as multiple handicapped, however, mental retardation, combined with a hearing impairment, is. MH individuals usually attend special classes that have a limit of 8 children without an aide.

Characteristics

Individuals who belong to this group experience a multitude of traits and exhibit characteristics that are attributed to the various handicaps. For examples, refer to other specific handicapped classifications.

Causes

Causes of MH are as varied as the individuals who are classified. It is therefore necessary, to review the various classifications for specific information.

Diagnosis

A combination of tests are employed in diagnosing multiple handicapped. For specific tests, refer to the particular handicaps involved.

Placement

Because these individuals have at least two primary disabilities, they usually have better success in a classroom environment geared to their specific needs.

Curriculum and Strategies

MH learners need to develop independence and mobility and these two facets should be stressed in their education. Modifications of the environment and basic curriculum including self-admustment and re-education of the public is

necessary to help them cope with their handicapping conditions. These individuals can and do profit from participation in vocational education experiences.

Physical Facilities

Physical facilities should be modified and made adaptable to common handicapping conditions. Particular care should be taken to provide safe working conditions at machines, benches and work stations.

Classification ORTHOPEDICALLY HANDICAPPED (OH)

Prevalence

Approximately 5% of the population are in this classification.

Description

Orthopedically handicapped (or physically handicapped) persons display either a malformation, malfunction, or loss of bones, muscles, or body tissue and warrant special equipment and facilities. Cerebral palsey and epileptic conditions are commonly grouped with the orthopedically handicapped.

Characteristics

Usually these persons are not satisfied with themselves. They often have poor self concepts, experience pain and fatigue, feel social rejection, and display inferiority and inadequacy complexes. Below average motor skills, poor muscular control and coordination and limited mobility are also evident. OH are often grouped with chronically ill.

Causes

The main causes are accidents, disease, and congenetal anomalies. Prenatal causes can be a result of developmental lesions, syphillis, meningitisis, encephalitus, German measles and insufficient oxygen supply.

Natal causes include premature birth and use of biceps, while postnatal include high levels of temperature and insufficient oxygen supply.

Diagnosis

The OH are usually identified by visual observation. Because OH are commonly grouped with the chronically ill, reference to that section will be helpful.

Placement

Before programs and placement can be considered, the buildings that house the programs must be made accessible. Modifications should include: adequate parking spaces, ramps and/or elevators, guide rails in the hallways, 32" doorways, accessible lavatory facilities, nonskid floor surfaces, and curbstones to the sidewalk.

Most OH learners can benefit from regular classroom placement, as opposed to special class placement, if physical modifications are made. Recommended class size is 10 without an aide.

Curriculum and Strategies

These individuals need to learn the same basic skills as the regular learners. However, independence and mobility must be stressed. These students most definitely profit from vocational learning experiences, when environmental modifications are made which facilitate the handicapping condition.

Curriculum and Strategies

Teachers need to seat these learners in comfortable and accessible locations and to learn as much as possible about their medical considerations (such as medication, limitations, etc.). Supplies and materials should be placed on lower shelves. Early release from classes (to allow time to arrive at next class) and extra lavatory time are considerations that should be offered these individuals.

Peer volunteers could assist in note taking as would the utilization of a tape recorder (could also be used for tests and written assignments). These students profit most from demonstration techniques, the allowance of longer periods of time for task completion, and the use of overhead projectors for a larger image, specialized material such as large print books, oversize pencils, etc. and adaptive aids like lapboards, wrist harnesses and book holders.

Physical Facilities

Some basic modifications of physical facilities should include:

1) Aisles that have sufficient widths for crutches and wheelchairs
2) Accessible work stations (wide enough for wheelchairs and at appropriate heights)
3) Access to lockers, storage areas, and tool rooms
4) Access to machinery controls (foot as well as hand controls may be necessary)
5) Specially adapted tools
6) Access to sinks, faucets, outlets and emergency power switches

Classification SOCIALLY MALADJUSTED (SM)

Prevalence

Approximately 3% of the total population fall into this category.

Description

Socially maladjusted individuals (socialized delinquents) exhibit interconflicts such as destructive and behavioral difficulties that interfere with the well being of persons and/or their property.

Characteristics

The socially delinquent exhibit characteristics generally described as boisterous, assaultive, disruptive, and destructive. They also exhibit inadequate guilt feelings, thrive on profanities and often are active in "gangs" whose members steal and are truant. They dislike authority and anything dealing with it. They are often from the lower socio-economic groups.

The males are very aggressive and the females activities are often sexually related. There has, however, been a recent trend for more girls to become "affiliated" with this group (one time there was a 2:1 ratio of boys to girls) and their behaviors have become more aggressive.

Causes

The three main causes are brain syndrome (usually associated with severe mental retardation), biological and pathological family relationships (i.e. parental discipline and feelings toward individuals and self) and undesirable school associations.

The causes of social maladjustment are often the same as those for the emotionally disturbed.

Diagnosis

There is no one comprehensive test available, however, the California Test of Personality is often employed for diagnosing social maladjustment. Certain

psychological tests, neurological tests and psychiatric tests as well as teachers observations are also used.

Placement

If the teacher can tolerate the overt behaviors exhibited by these individuals, regular classroom placement would provide the least restrictive environment. However, counseling, family therapy and "time out" areas would be essential.

Curriculum and Strategies

These children need to learn what responsibility means. They require a "safe atmosphere", with a time-out zone and a transitional zone. Structure, meaningful experiences, and concreteness are vital to the curriculum. Teachers need to be consistent and establish appropriate boundaries to make learners aware of certain limitations. The learners need to know what actually is expected of them in certain specific time modules. They also need to know that expression of feelings is "OK" but that these feelings need to be labeled. Strategies involving constant praise and reinforcement such as individual contracts, programmed materials, individualized instruction and other forms of behavior modification are keys to helping these individuals modify and adapt to their environment, to their vocational training, and more importantly, to themselves.

Physical Facilities

No special physical facilities are necessary.

Classification VISUALLY IMPAIRED (VI)

Prevalence

Approximately .01% of the total population.

Description

The visually impaired are those individuals with the inability to use ocular mechanisms to see within the normal limits. These individuals cannot see what the normal person can at 20 feet (as measured by the Snelling test).

There are two different levels of VI: a) the legally blind, where visual acuity, even with correction, is 20/200 (i.e. sees at 20 feet what a normal sighted person sees at 200 feet) or poorer, in the better eye, and which necessitates the utilization of special educational devices and techniques; and b) the partially sighted (print readers) where visual acuity (with a magnifying glass) is between 20/70 and 20/200 in either eye, or where other factors necessitate a special learning environment or other related services. It must be stated that the Snelling Test does not test close distance reading and that some VI learners with 20/200 vision can read printed words.

Characteristics

These individuals, like EMR's and AI's have low IQ scores (usually 1 SD below the norm to 1 SD above) and they experience language and cognitive deficiences due to the inability to use visual clues. They also experience abstraction difficulties such as color differentiation. VI learners also have restrictive physical development (exercise) and mobility impairment. Observable classroom behavior indicators include: Rubbing eyes; holding material very close to eyes; misreading material, squinting, frowning, blurring, excessive blinking and dizziness. Reoccuring eye infections, cross eyedness (also wall eyes) and poor depth perception are characteristic, as well.

The visually impaired have a tendency to reverse letters and/or syllables, to confuse letters of similar shapes (such as a and o) and demonstrate poor spacing on written work.

Causes

Blindness and partially visual impairment can be caused by prenatal diseases that are transmitted to the fetus by lack of or over abundance of oxygen; and by tramatic injury. Other causes are accidents.

Diagnosis

The Snelling Chart is the only eye test on the market at present. This test, however, does not measure the ability to read at close proximities. There is also the Blind Learning Aptitude test (1971) which may also be used.

Placement

Most visually impaired benefit from regular classroom placement for all or most of the day. These individuals will require resource room time in order to learn such things as: Braille (for the educationally blind); typewriting, orientation (use of remaining senses to establish position) and mobility training (movement in the environment). They also require special training in residual vision and listening skills (geographical directions, hearing acuteness and sound localization). As previously stated, most of the above are the resource teacher's responsibility. However, open communication between the resource teacher and the regular classroom teacher is essential, if the VI is to accept and be accepted into the "sighted world".

Curriculum and Strategies

The VI must be taught to move through their environment. This can be achieved by utilization of one of the following: sighted guide; long cane (most frequently used); dog guides; special electronic devices and independently making use of key body parts, such as fingertips as in "trailing" to familiarize them with their environment.

These individuals need to be taught basic self help skills. They profit from simplified learning techniques, concreteness and utilization of manipulatives and tactile materials. They "learn by doing" and an effort must be made by the teacher to integrate and unify all learning experiences.

Handwriting is one of the most important skills that these individuals must learn, for their signature is necessary on various written forms. Typing must also be mastered and so must the use of a slate and stylus to punch Braille.

These individuals can participate in physical activities if the proper methods are employed. Adaptive physical education must be part of their curriculum.

While the VI have difficulty in understanding lessons that are demonstrative in nature, they do profit from raised models and verbal discussion of written board work. Tactile rulers and globes, "talking books", "talking abacus", optacon (which helps "read" printed materials by converting it to tactile form), sterotoner (converts printed words to auditory tones) and the Kunzweil (takes words and converts them on a computer into words so that even a blind person can "read" them) assist the VI in their adjustment to the sighted world.

With respect to seating or placement in the classroom, these individuals must sit close to the front of the room so that they can hear and they must be in a location where there is no glaring light. Desks and tables with adjustable tops assist the partially visually impaired.

The members of the visually impaired group, as well as the sighted students, can benefit from vocational program placement. The teacher must make sure that he/she is not over protective of these individuals, but rather must make them aware of their environment by giving them a "mental blueprint". They must not be restricted in any way.

Raised lines should be put around safety areas, printed material should be enlarged, a buddy system should be used and the "learning by doing" strategies should be emphasized.

Physical Facilities

As already described, physical facilities, equipment, tools and materials should include versions in Braille, accompanying audio materials, raised models, tactile items, "talking books", "talking abacus", optacon, sterotoner, a Kunzweil, typewriter, and other equipment that would help the individual become more easily mobile.

THE CHILD STUDY TEAM

Public Law 94-142 requires that school districts establish child study teams who will have responsibility for reviewing and classifying children, preparing the IEP, placing the child in the least restrictive environment, recommending special resources and services and monitoring the education of all classified learners.

The basic child study team consists of a school psychologist, a learning disabilities teacher-consultant and a school social worker. Children who are experiencing difficulties of physical, intellectual, emotional or social nature should be referred to the child study team for evaluation and possible classification. Teachers, parents, administrators or any other professionals or agencies that are concerned with the individual's well-being, may seek the assistance of the child study team. Parental approval must be granted before any steps may be taken. The student may officially be referred within 7 calendar days of the parental agreement.

The parents of the referred child must be provided with all of the following information: Reason(s) for referral; parental rights; and description of procedure written in the native language of the parents and in language understandable to the public.

The comprehensive evaluation must be completed within 60 days of the original referral and it must be done on an individual basis. The examinations include an educational evaluation administered by a learning disability consultant, a complete physical examination and social history write-up. The individual's emotional, social, adaptive and intellectual development are assessed by the school psychologist.

For some classifications, the child study team members must be assisted by specialists such as: An audiologist (for auditorily handicapped); a qualified physician (other than school); certified speech correctionist (communication handicapped); psychiatrist (emotionally disturbed and socially maladjusted); curriculum consultant (eligible for day training); neurologist (neurologically impaired); orthopedic specialist (orthopedically handicapped); or qualified visual disability consultant (visually impaired).

When the evaluation is completed, the parents must be notified in writing. If the parents disagree with the recommendations of the team (classification or not) they are at liberty to obtain an independent educational evaluation.

The child study team is responsible for preparing the individualized education plan and monitoring its proper implementation on a yearly basis.

THE INDIVIDUALIZED EDUCATION PLAN (IED)

An Individualized Educational program (IEP) must be written annually for every classified student. It should be developed at a meeting attended by one or both parents, the basic child study team, and the teacher(s) involved. The pupil may attend when deemed appropriate. The basic plan should include, but not be limited to the pupil's current educational performance (social, academic, intellectual, personal and physical status); a listing of annual goals and objectives; a description of the present program; a rationale for placement, reclassification or declassification; description of mainstreaming procedures (if appropriate); statement of specific related services required by student (speech correction, guidance, etc.); evaluation procedures (to determine if goals and objectives are being met); and a listing of methods and materials to be used by the teacher and pupil to meet the objectives.

Before the IEP can be implemented, which is 30 days from the conference date, it must be signed by the parents. If this does not occur for some reason, the school district may appeal the parental refusal. However, a copy of the IEP must be given or sent to the parents and it should be explained in their native language.

A sample IEP format is included for clarification.

INDIVIDUALIZED EDUCATION PROGRAM PLAN

Student's Name: _____ Grade/Program: _____

Birth Date: _____ Teacher(s): _____

Present Date: _____ District/School: _____

Primary Assignment(s):	Date Started	Expected Duration of Services	Special Media or Materials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extent to which the child will participate in regular education: _____

Services:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IEP Planning Meeting Participants: Name

Local Education Agency Representative: _____
Parent, Guardian or Surrogate Parent: _____
Teachers(s): _____
_____
_____
_____

Date for review and/or revision of the Individualized Education Program Plan: _____

Person responsible for the supervision of the IEP: _____

Name _____

Instructional Area:

Present Date _____

Annual Goal:

SHORT-TERM OBJECTIVE	INSTRUCTIONAL METHODS MEDIA/MATERIAL TITLE(S) (OPTIONAL)	EVALUATION OF INSTRUCTIONAL OBJECTIVES	
		TESTS, MATERIALS EVALUATION PROCEDURES TO BE USED	CRITERIA OF SUCCESSFUL PERFORMANCE

VOCATIONAL PROGRAMS FOR THE SPECIAL LEARNER

There are five basic programs for special learners in vocational education in the State of New Jersey. They are: Technology for Children (T4CP); Introduction to Vocations (IV); Employment Orientation (EO); Work Experience and Career Exploration Program (WECEP); and Part-time Cooperative Employment Orientation. The T4C program gives children a well-needed introduction to modern technology through the utilization of multi-sensory experiences that involve many forms of materials. It is designed for students in the K-sixth grades.

The Introduction to Vocations program encompasses elementary through high school populations including the vocational high schools. It is basically a vocational guidance program that assists students in gaining occupational awareness. This information prepares students better for career selection and occupational choices. There are six basic units taught in the IV program. They are: Know Yourself; Home Economics; Industrial Arts; Health; Business Education; and Science. Visits to businesses and industries are encouraged as are "hands' on" activities. It is felt that children learn better by being active participants.

The Employment Orientation (EO) program maintains two phases. The first phase is called: "simulated work". Here the students learn to relate to their supervisors and peers and also learn good work habits and attitudes. The second phase, or "basic skill training phase" teaches the student basic skills for the areas in which he/she has shown interest and aptitude.

The Work Experience and Career Exploration Program (WECEP) is designed for 14 and 15 year old disadvantaged, handicapped or alienated youths. The goals of this program are to: assist these individuals in their search for a purpose in education; encourage school attendance;

assist potential drop-outs; and to develop a feeling of self worth.

Part-time Cooperative Employment Orientation provides special needs individuals who are at least 16 years of age the opportunity for part-time on-the-job experience. Students in each of the various areas of vocational education are provided some form of cooperative school-employment arrangement and are closely supervised by a trained coordinator while on the job.